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JUL 1 5 2005 S			071 F(or <u>F</u>	Cor P.C Ale Sax (703	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000			
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CURRENT CORRESPONDENCE 28995 RALPH E. JOCK walker & jocke LP 231 SOUTH BROAMEDINA, OH 442 07/19/2005 WASFAW2 04		Fee(spape have	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. (Depositor's name)					
01 FC:1501					(Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOO	CKET NO.	CONFIRMATION NO.	
10/788,916	10/788,916 02/27/2004			Jon Washington				7498
·	TM NETWORK WITH CA						_	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE		TOTAL FEE(S	S) DUE	DATÉ DUE
nonprovisional	nonprovisional NO		\$1400		\$300	\$1700		10/05/2005
EXAMINER		ART UNIT		CLASS-	CLASS-SUBCLASS			
PAIK, STEVE S		2876	2876		-380000	-		
1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) DIEBOLD SELF-SCRVICE SYSTEMS Aivision of Diebold, Incorporated (B) RESIDENCE: (CITY and STATE OR COUNTRY) NORTH CANTON, OHIO								
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the pa	atent): 🗖	Individual 🗷 C	orporation or othe	r private gre	oup entity Government
4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
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Authorized Signature	ords of the United States Pate	ent and Trademark	Office.		Date	15/2005		
Typed or printed name RALPN E. JOCKE			Registration No. 31, 029					
an application. Confidential submitting the completed apthis form and/or suggestions	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C pplication form to the USPTs for reducing this burden, slinia 22313-1450. DO NOT 1450.	122 and 37 CFR 1 O. Time will vary rould be sent to the	1.14. This coll depending up Chief Inform	lection is esti on the indivi nation Office	mated to take 12 dual case. Any co r, U.S. Patent and	minutes to comple omments on the a Trademark Office	ete, includir mount of tir e, U.S. Dep	ig gathering, preparing, and me you require to complete artment of Commerce, P.O.

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